## **Amendment of Irrevocable Standby Letter Of Credit**

| Letter of Credit No.       | Amendment No.                                                         | Date Letter of Credit Issued                      | Effective Date of Amendment  |
|----------------------------|-----------------------------------------------------------------------|---------------------------------------------------|------------------------------|
| Name of Bank               |                                                                       |                                                   |                              |
| Applicant (Employer's Name | 3)                                                                    |                                                   |                              |
| Beneficiary: State         | of Washington, Departme                                               | ent of Labor and Industries                       |                              |
|                            | letter of credit (hereafter referre<br>and conditions remain unchange | d to as 'letter of credit') captioned above<br>d. | e is hereby amended as noted |
| This amendment forms       | an integral part of the letter of cr                                  | edit and must be attached to it.                  |                              |
|                            |                                                                       |                                                   |                              |
|                            | able under the captioned letter of e to be \$                         | credit is increased/decreased by \$               | making the                   |
| <b></b>                    |                                                                       | ed from to                                        |                              |
| Other:                     |                                                                       | · · · · · · · · · · · · · · · · · · ·             | ·                            |
|                            |                                                                       |                                                   |                              |
|                            |                                                                       | Issuing Bank                                      |                              |
|                            |                                                                       | Name                                              | Date                         |
|                            |                                                                       | Title                                             |                              |
|                            |                                                                       | Signature                                         |                              |
|                            |                                                                       |                                                   |                              |
|                            |                                                                       | Confirming Bank                                   |                              |
|                            |                                                                       | Name                                              | Date                         |
|                            |                                                                       | Title                                             |                              |
|                            |                                                                       | Signature                                         |                              |
| A                          | 11.000000000000000000000000000000000000                               |                                                   |                              |
| Departi                    | ed by State of Washington<br>ment of Labor and Industrie              | S                                                 |                              |
| Date Prog                  | ram Manager of Self-Insurance                                         |                                                   |                              |